



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

Sentrix Pharmacy and Discount, L.L.C.

**Respondent Name**

Sunz Insurance Company

**MFDR Tracking Number**

M4-17-3432-01

**Carrier's Austin Representative**

Box Number 20

**MFDR Date Received**

July 24, 2017

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "Provider conducted itself within the parameters of an open workers' compensation claim based on the applicable rules and regulations regarding reimbursement for medically necessary medication prescribed by an injured employee's authorized physician. The Provider reasonably relied upon a validly executed prescription for medically necessary medication and dispensed same therefrom."

**Amount in Dispute:** \$11,022.68

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "The medications in question were never prescribed by the treating doctor..."

**Response Submitted by:** Lewis & Backhaus, P.C.

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 19, 2017	Pharmacy Service – Compound	\$11,022.68	\$0.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.502 sets out the requirements for pharmacy services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - Services not authorized or prescribed by treating physician.

## Issues

Are the insurance carrier's reason for denial of payment supported?

## Findings

Sentrix Pharmacy and Discount, L.L.C. (Sentrix) is seeking reimbursement of \$11,022.68 for a compound dispensed on May 19, 2017. Sunz Insurance Company (Sunz) denied the requested compound stating, "SERVICES NOT AUTHORIZED OR PRESCRIBED BY TREATING PHYSICIAN."

Sentrix argued that "The Provider reasonably relied upon a validly executed prescription for medically necessary medication and dispensed same therefrom." 28 Texas Administrative Code §134.502 requires a doctor's prescription in accordance with state laws prior to the dispensation of a drug or compound. Documentation submitted by Sentrix does not include a sufficiently legible copy of a prescription as required by 28 Texas Administrative Code §134.502. Therefore, Sunz' reason for denial of the compound in question is supported. No reimbursement is recommended.

## Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## **ORDER**

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

## Authorized Signature

_____	Laurie Garnes	December 21, 2017
Signature	Medical Fee Dispute Resolution Officer	Date

## **YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**